

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587/32

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
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9						
10						
11						
12						
13						
14						
15			1			
16						
17						
18						
19						
20						
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22						
23			1			
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32						
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34						
35						
36						
37			1			
38						
39						
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41						
42						
43						
44						
45						
46						
47			1			
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54			1			
55						
56			1			
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97						
98						
99						
100						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	66	←		←
TOTAL CLAIMS			73			